



Date Received: _____

Check Amount: _____

Check Number: _____

2018 Membership Application

Business/Farm Name: _____

Contact Person: _____

Business County: _____

Business Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____ Phone Number(s): _____

Website: _____ Facebook: _____

Membership Options (Check One)

Active

Agritourism farms /direct marketer's farm operation
 (1st time active members will receive a metal agritourism liability warning sign with membership)
\$45.00 _____

Associate

Off-farm venues / non-profits /non-farmers supporting SCAA Mission goals
\$35.00 _____

Corporate

Business/agency/for-profit entity supporting SCAA Mission goals
\$75.00 _____

* 2018 membership will be valid from date of receipt until December 31, 2018

***Please make check payable to the South Carolina Agritourism Association.**

Mail check and membership form to:

Jackie Moore, SCDA

P.O. Box 11280

Columbia, SC 29211